| PATENT APPLICATION FEE DETERMINATION RECO                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |              |                               |                     |                  | RD    | Application or Docket Number            |                        |       |                     |                        |  |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|-------------------------------|---------------------|------------------|-------|-----------------------------------------|------------------------|-------|---------------------|------------------------|--|
| Effective October 1, 2001 /0/04/79 83                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |              |                               |                     |                  |       |                                         |                        |       |                     |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |              |                               |                     |                  |       | SMALL ENTITY                            |                        |       | OTHER THAN          |                        |  |
| TOTAL CLAIMS                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           | 24           |                               |                     |                  | ۱     | RATE                                    | FEE                    | 1 1   | RATE                | FEE                    |  |
| FOR                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           | NUMBER FILED |                               | NUMBER EXTRA        |                  |       | BASIC FEE                               | 370.00                 | OR    | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           | 21 minus 20= |                               | • 4                 |                  |       | X\$ 9=                                  |                        | OR    | X\$18=              |                        |  |
| INDEPENDENT CLAIMS                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           | 5 minus 3 =  |                               | ٠,                  |                  |       | X42=                                    | <b>—</b>               | OR    | X84=                |                        |  |
| ΜL                                                                        | ILTIPLE DEPEN                                                                                                                                                                                                                                                                                                                                                                                                                     | IDENT CLAIM PI                            | RESENT       |                               |                     |                  | +140= |                                         | $\vdash$               | 1     | +280=               |                        |  |
| * 11                                                                      | the difference                                                                                                                                                                                                                                                                                                                                                                                                                    | in column 1 is                            | less than ze | ero, ente                     | "0" in c            |                  |       | TOTAL                                   | ├                      | OR    | TOTAL               |                        |  |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |              |                               |                     |                  |       | TOTAL                                   |                        | UH    |                     |                        |  |
| ŗ                                                                         | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column                                                                                                                                                                                                                                                                                                                                                                         |                                           |              |                               |                     |                  |       | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |       |                     |                        |  |
| AMENDMENT 4                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                           | Total                                                                                                                                                                                                                                                                                                                                                                                                                             | . 8                                       | Minus        | * Z                           | 7                   | . —              | 1 [   | X\$ 9=                                  |                        | OR    | X\$18=              |                        |  |
|                                                                           | Independent                                                                                                                                                                                                                                                                                                                                                                                                                       | . 2                                       | Minus        | *** 5                         | 5                   |                  | П     | X42=                                    |                        | OR    | X84=                |                        |  |
| Ľ                                                                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                    |                                           |              |                               |                     |                  | 1     |                                         | <b></b>                |       |                     |                        |  |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |              |                               |                     |                  | ١     | +140=.                                  |                        | OR    | +280=               |                        |  |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |              |                               |                     |                  |       | ADDIT. FEE                              |                        | OR    | ADDIT. FEE          |                        |  |
| (Column 1) (Column 2) (Column 3)                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |              |                               |                     |                  |       |                                         |                        |       |                     |                        |  |
| AMENDMENT B                                                               | ·                                                                                                                                                                                                                                                                                                                                                                                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER                 | PRESENT<br>EXTRA |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                           | Total                                                                                                                                                                                                                                                                                                                                                                                                                             | . 8                                       | Minus        | **                            |                     | -                | П     | X\$ 9=                                  |                        | OR    | X\$18=              |                        |  |
|                                                                           | Independent                                                                                                                                                                                                                                                                                                                                                                                                                       | · 2                                       | Minus        | <u></u> /                     |                     | <u> -</u>        | 11    | X42=                                    |                        | OR    | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |              |                               |                     | ¹                | +140= |                                         | OR                     | +280= |                     |                        |  |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |              |                               |                     |                  | ,     | TOTAL<br>ODIT. FEE                      |                        | OR    | TOTAL<br>ADDIT, FEE |                        |  |
|                                                                           | (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |              |                               |                     |                  |       |                                         |                        |       |                     |                        |  |
| AMENDMENT C                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|                                                                           | Total                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | Minus        | **                            |                     |                  | 11    | X\$ 9=                                  |                        | OB    | X\$18=              |                        |  |
|                                                                           | Independent                                                                                                                                                                                                                                                                                                                                                                                                                       | *                                         | Minus        | ***                           |                     | =-               | 1 H   | X42=                                    |                        |       | X84 <i>=</i>        |                        |  |
| ┖                                                                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                                                                                                                                                                                                                                    |                                           |              |                               |                     |                  |       | A42=                                    |                        | OR    | ∧04 <i>=</i>        |                        |  |
| * If the entry is solven 1 in lose than the entry is solven 2 units 32 is |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |              |                               |                     |                  |       |                                         |                        | OR    | +280=               |                        |  |
|                                                                           | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For In Thit IS SPACE is less than 3, enter "20.  ADDIT. FEE  If the "Highest Number Previously Paid For In Thit IS SPACE is less than 3, enter "20.  TOTAL  OR ADDIT. FEE  Thighest Number Previously Paid For (Total or independent) is the highest number found in the appropriate box in column 1. |                                           |              |                               |                     |                  |       |                                         |                        |       |                     |                        |  |